

State of Arizona Naturopathic Physicians Medical Board

1400 W. Washington, Suite 300 Phoenix, AZ 85007 Phone 602 542-8242 FAX 602-542-8804 wwww.aznd.gov Governor: Janice K. Brewer

COMPLAINT FORM (PLEASE PRINT OR TYPE INFORMATION)

Americans with Disability - Alternative Format of Complaint

Title H of the Americans With Disabilities Act prohibits the Board from discriminating on the basis of disability in its complaint process. An individual with disability who needs this complaint form to be in an alternative format or who requires a reasonable accommodation to use the complaint process may contact the Board ADA coordinator at the above telephone numbers to make their needs known.

Name of Physician: City State Zip Office Phone N Name of Patient: Patient Contact Information Your Relationship to Patient: PLEASE COMPLETE THE FOLLOWING BEFORE SUBMITTING COMPLAINT TO: State of Arizona Naturopathic Physicians Medical Board Attention: Gail Anthony, Investigator 1400 W. Washington, Ste. 300 Phoenix AZ 85007 Describe specifically your complaint against the Naturopathic Medical Doctor. Please provide copie documents, billing statements, and/or any other evidence you believe would support your complaint.						
Name City State Zip Phone Number: (oday's Date:
Name of Physician: Name of Physician:			Fmail Address		ame	erson Filing Complaint:
Phone Number: (Eman Address			
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What allegations(s) do you have against the doctor?		PLAINT TO:	Medical Board gator	NG BEFORE SUBM pathic Physicians M Anthony, Investiga	State of Arizona Naturo Attention: Gai	PLEASE COM
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When and where did the above event(s) occur?	
I hereby request the State of Arizona Naturopathic Physicians Medical Board invattest that the information contained in this complaint and any information and de I agree to testify under oath to the information given in this complaint, should the I understand that the Board may obtain medical records.	ocuments attached to this complaint are filed in good faith.
Print Your Name:	Date
Signature	
Revised 12/19/2012	